

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003750</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/25/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>TIMBER POINT HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 EAST SPRING STREET CAMP POINT, IL 62320</b>
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S9999	<p>Final Observations</p> <p>Statement of Licensure Violations</p> <p>Section 300.615 Determination of Need Screening and Request for Resident Criminal History Record Information</p> <p>e) In addition to the screening required by Section 2-201.5(a) of the Act and this Section, a facility shall, within 24 hours after admission of a resident, request a criminal history background check pursuant to the Uniform Conviction Information Act for all persons 18 or older seeking admission to the facility, unless a background check was initiated by a hospital pursuant to the Hospital Licensing Act. Background checks shall be based on the resident's name, date of birth, and other identifiers as required by the Department of State Police. (Section 2-201.5(b) of the Act)</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the facility failed to provide proof of initiation of background checks within 24 hours for five residents (R30, R31, R32, R33, and R34) on the supplemental sample reviewed for background checks. Findings include: On 6-24-15 at 11:00 a.m., E1 (Administrator) provided e-mail confirmations on R30, R31, R32, R33, and R34 documenting when inquiries for background checks were submitted and received. E1 stated, "My normal procedure is to run the checks prior to admission...(I) have no proof (R30, R31, R32, R33, and R34's) background checks were done within 24 hours of the admission dates." R30's medical record indicates R30 was admitted to the facility on 5-22-15, and R30's background check inquiry indicates the background check was initiated on 5-27-15. R31's medical record indicated R31 was admitted</p>	S9999		

Illinois Department of Public Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE <b>07/17/15</b>
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S9999	<p>Continued From page 1</p> <p>to the facility on 5-21-15, and R31's background check inquiry indicates it was initiated on 5-27-15.</p> <p>R32's medical record indicates R32 was admitted to the facility on 4-11-15, and R32's background check inquiry was documented as initiated on 4-13-15.</p> <p>R33's medical record indicates R33 was admitted to the facility on 5-1-15, and R33's background check inquiry documents the check was initiated on 5-5-15.</p> <p>R34's medical record documents R34 was admitted to the facility on 5-21-15, and R34's background check inquiry was documented as initiated on 5-27-15.</p> <p>The facility's Identified Offender Facility Policy and Procedure, dated 2011, documents, "Conduct a Criminal History Background Check: Within 24 hours of admission, request a name-based Uniform Conviction Information Act (UCIA) criminal history background check based on name, date of birth and other identifiers required by the Department of State Police for any resident seeking admission to the facility." (B)</p> <p>Section 300.625 Identified Offenders b) The facility shall be responsible for taking all steps necessary to ensure the safety of residents while the results of a name-based background check or a fingerprint-based check are pending; while the results of a request for a waiver of a fingerprint-based check are pending; and/or while the Identified Offender Report and Recommendation is pending. n) The facility shall evaluate care plans at least quarterly for identified offenders for appropriateness and effectiveness of the portions</p>	S9999		

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S9999	<p>Continued From page 2</p> <p>specific to the identified offense and shall document such review. The facility shall modify the care plan if necessary in response to this evaluation. The facility remains responsible for continuously evaluating the identified offender and for making any changes in the care plan that are necessary to ensure the safety of residents. This REQUIREMENT was not met as evidenced by:</p> <p>Based on interview, record review, and observation the facility failed to obtain a (CHAR) Criminal History Analysis Report for an Identified Offender and failed to identify inappropriate behaviors or revise new interventions on the plan of care of an Identified Offender for one of one resident (R27) reviewed for Identified Offenders in the sample of fifteen.</p> <p>Findings include: The facility's Identified Offender Policy and Procedure, dated 2011 documents, "Reporting Results if the Resident is an Identified Offender: Immediately complete and submit the Illinois Department of Public Health, Identified Offender Information Form along with a copy of the UCIA (Uniform Conviction Information Act) response...check for confirmation that all the information was submitted correctly...after the confirmation from the Identified Offender Program, the facility will receive a phone call from the Illinois State Police Division of Internal Investigation within three business days scheduling an on-site facility interview with the resident and the Administrator." R27's current electronic record documents that R27 was admitted to the facility on 11-25-13. R27's current MDS (Minimum Data Set), dated 6-15-15, documents that R27 has a BIMS (Brief Interview Mental Status) score of five (severe cognitive impairment). R27's UCIA (Uniform Conviction Information Act),</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>no date available, documented that R27 was found guilty of Criminal Sexual Abuse/Force and Battery.</p> <p>On 6-23-15, E1 provided R27's Identified Offender Information which did not include a CHAR report.</p> <p>On 6-23-15 at 9:32 a.m., E1 (Administrator) stated, "(I) do not have a CHAR report for Identified Offender (R27)...I sent the information to the State Police but did not receive anything and did not follow up."</p> <p>On 6-24-15 at 9:40 a.m., R27 was propelling R27's wheelchair independently out of R27's room and up the hallway of the facility.</p> <p>R27's Identified Offender care plan, dated 6-15-15, documents, "(R27) is an Identified Offender, assessed as low risk by IDPH (Illinois Department of Public Health)" E3 (CPC/Care Plan Coordinator) stated, "I got the information of risk by reading the progress notes of social services. I assumed (R27) was at low risk."</p> <p>A progress note for R27, dated 1-28-15, documents, "(R35) stated that (R27) flirts with (R35)...CNA's (Certified Nursing Assistants) reported (R27) occasionally is observed sitting outside of (R35's) room...(E2 Director of Nursing) notified immediately." Additional progress note, dated 5-28-15, documents, "(R27) was redirected on the way he spoke to (R36) in the dining room today, (R27) stated to (R36), 'Lets go to (R36's) room and play house.' As (R36) was leaving (R36) stated to the CNA and nurse, 'I hope (R27) doesn't come in to my room because I am afraid (R27) will touch me.' (R27) was redirected about touching other people without their permission and the proper way to speak to another resident."</p> <p>R27's Identified Offender plan of care, dated 6-15-15, does not address any inappropriate issues or any new interventions regarding R27's behavioral incidents.</p>	S9999		

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S9999	<p>Continued From page 4</p> <p>On 6-25-15 at 10:10 a.m., E2 (DON/Director of Nursing) stated, "(R27) has made sexually inappropriate comments that staff has to redirect (R27)...new interventions should be put in to place on the care plan to prevent these behaviors."</p> <p>(B)</p> <p>Section 300.690 Incidents and Accidents b) The facility shall notify the Department of any serious incident or accident. For purposes of this Section, "serious" means any incident or accident that causes physical harm or injury to a resident. c) The facility shall, by fax or phone, notify the Regional Office within 24 hours after each reportable incident or accident. If a reportable incident or accident results in the death of a resident, the facility shall, after contacting local law enforcement pursuant to Section 300.695, notify the Regional Office by phone only. For the purposes of this Section, "notify the Regional Office by phone only" means talk with a Department representative who confirms over the phone that the requirement to notify the Regional Office by phone has been met. If the facility is unable to contact the Regional Office, it shall notify the Department's toll-free complaint registry hotline. The facility shall send a narrative summary of each reportable accident or incident to the Department within seven days after the occurrence. This REQUIREMENT was not met as evidenced by:</p> <p>Based on record review and interview, the facility failed to report a fall with a fracture to the State Agency for one of four residents (R5) reviewed for falls in the sample of 15.</p>	S9999		

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S9999	<p>Continued From page 5</p> <p>Findings include: R5's Occurrence Report, dated 10/18/14 at 1:07 a.m., states, "(E4 Registered Nurse) reports that (R5's) call light was sounding and upon entering (R5's) room, (R5) was found laying on the bathroom floor and reported that (R5) had taken herself to the bathroom. (R5) reported that (R5) did hit (R5's) head and that (R5) broke (R5's) leg. Hospice and Doctor both notified of the incident. Hospice came to the facility and assessed (R5), and an order was received to send (R5) to the Emergency Room for evaluation." R5's Right Tibia and Fibula Radiology report, dated 10/18/14, documents that R5 has acute fractures involving the fibular head as well as the proximal tibia. R5's Left ankle Radiology report, dated 10/18/14, documents that R5 has new moderately displaced fractures through the medial malleolus and posterior malleolus with posterior displacement of the talus relative to the tibial plafond." R5's Operative Report, dated 10/19/14, states, "(R5) is a 55-year old female unfortunately with end-stage lung disease, severe pulmonary hypertension, and diabetes who unfortunately fell sustaining a proximal tibia and fibula fracture on the right as well as a distal tibia and fibula fracture on the left." The Facility's Occurrence Log, dated 5/5/14 to 6/24/15, documents that R5 fell on 10/18/14, and the fall was not reported to the State Agency. On 6/24/15 at 1:05 p.m., E1 (Administrator) stated, "I didn't report (R5's) fall with a fracture to the State Agency." E1 also confirmed that the facility does not have a policy regarding reporting falls with major injury to the State Agency.</p> <p>(B)</p>	S9999		